

# The Reality of Social Connections Among Older People in Low and Middle Income Countries (LMICs)

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EMPOWERING FUTURES, the American University in Cairo, April 2024

Population Ageing

### Rationale for Presentation

Social connections are either the same or better in low-middle income countries



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The Effect of Social Contacts on the Uptake of Health Innovations among Older Ethnic Minorities in the UK: A Mixed Methods Study						
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	Abstract Several studies have highlighted specific views on againg arrong older migrants in Europ that tood to be calded or more positivities, than the garent population. Theorem, the current litter time does not provide explanations for source horemations. This insular dended study study consider the distribution of the study of the study of the diluxion of innovation theory is how information is accessed, exclusion, and communita- hematic handle and the study of the diluxion of the study of t					

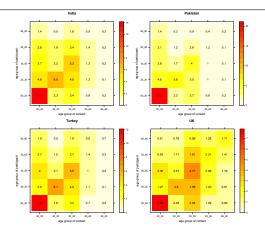
- Observed health inequalities.
- Differentials in the uptake of health interventions.
- Assumptions about social connections.
- Mathematical modelling of diffusion of health innovations.

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### Age-structured contact rate matrices

Aggregated to the age groups of (0-20, 20-30, 30-50, 50-65, 65-80)







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## Demographic factors alone cannot explain the differences

Likely lonely years for married couples



**Table 1.** Life expectancy at birth and mean age at first marriage for males and females for the UK, India, Pakistan and Turkey.

Country	Date	Life Expectancy			Mean age at first marriage			Sum (DIFF)
Country	Date	Female	Male	Difference	Female	Male	Difference	Sum (DIFF)
The UK	1971	75.5	69.2	6.3	21.3	24.2	2.9	9.2
	2011	83.0	79.0	4.0	27.0	28.7	1.7	5.7
India	1971	47.8	49.0	-1.1	17.7	22.7	5.0	3.9
	2016	70.1	67.7	2.4	21.4	26.0	4.6	7.0
Pakistan	1975	55.2	54.9	0.3	19.6	25.3	5.7	6.0
	2017	67.9	66.0	1.9	23.2	26.9	3.7	5.6
Turkey	1970	55.1	49.6	5.5	20.3	23.9	3.6	9.1
	2013	78.9	72.6	6.2	23.4	27.9	4.5	10.7



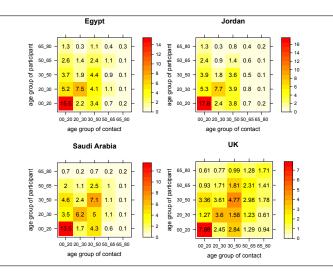
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## The effect of social contacts on the uptake of innovations

Significant differences between the four countries within the study: UK, Turkey, India and Pakistan



**Table 2.** Number of days to reach 50% and 80% level of adaptation for innovation within a closed population for each of the UK, Turkey, India and Pakistan. Results are for 85% and 100% maximum level of uptake within the age groups of 65–80.

Country U=0.85			U=	1.0	Times Relative to the UK	
Country	50% adapters	80% adapters	50% adapter	80% adapters	Times Relative to the Or	
UK	164	330	130	211		
TUR	399	805	315	513	2.4	
IND	931	1878	734	1196	5.7	
PK	1396	2817	1100	1793	8.5	



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# The formation of the view of ageing

How much is left and how it is expected to look like





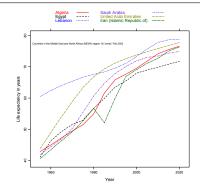
- ▶ When there is a lack of advocacy groups for ageing:
- Everyone builds their views of how much is left to live
- What ageing should look like
- Based on their own experience and limited social network.
- Perception is confounded by socio-economic status and cultural context.

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# The rapid evolution of the ageing process

Life expectancy has dramatically improved





#### Many lived longer than they had thought.



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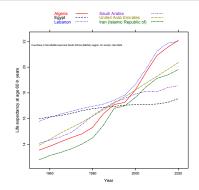
## Rapid evolution of the ageing process

Similar increase in life expectancy at age 60



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However, they entered old age without planning or changing attitudes or perceptions.

## Conclusion

Social connections are unmet needs among older people in LMICs



- The uptake of health education behaviour is essential for healthy ageing
- It is linked to the view of ageing.
- Can be improved by addressing social connection needs for older people
- Social connections are much higher for the younger age group
- Public health interventions should target these younger groups.
- Changing habits via the diffusion of innovations requires social connections.





**Ismail, M.** (2024). Navigating the Dynamics of Ageing: An Older Migrants' Perspective, Blog post, ageing.ox.ac.uk.

**Ismail M.** (2023). The Effect of Social Contacts on the Uptake of Health Innovations among Older Ethnic Minorities in the UK: A Mixed Methods Study. *Sustainability*, 15(14):10839.

**Ismail, M.**, & Hussein, S. (2021). An Evidence Review of Ageing, Long-Term Care Provision and Funding Mechanisms in Turkey: Using Existing Evidence to Estimate Long-Term Care Cost. *Sustainability*, 13(11), 6306.





# Thank you for listening mohamed.ismail@ageing.ox.ac.uk

